


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 722746</b> 1. Entity Name HAMILTON M. AND BLANCHE C. FORMAN CHRISTIAN FOUNDATION	
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Principal Place of Business 1524 CORAL RIDGE DR FORT LAUDERDALE, FL 33304 US	Mailing Address 1524 CORAL RIDGE DR FORT LAUDERDALE, FL 33304 US
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6131560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
FORMAN, AUSTIN  
1804 S E 9TH STREET  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORMAN, H C 1524 CORAL RIDGE DR FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORMAN, WALTER 1524 CORAL RIDGE DR FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FORMAN, AUSTIN 888 S.E. 3 AVE. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORMAN, CHARLES R 320 NW 3 AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORMAN, HAMILTON C JR. 2626 N.E. 16TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000795933  
01/29/08-80012-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Hamilton C. Forman* **1-17-08 5666241**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #